

Medicines optimisation (MO) is a patient centred approach. It focuses on gaining the most benefit for patients from their medicines. It is all about talking with, and listening to the patient, having honest discussions with them and truly making them part of the decision in relation to their medicines and the use of their medicines. It is about understanding the patient's goals and aspirations, which may be different from the outcomes the NHS would like to see, listening to their concerns and beliefs about medicines and about stopping or reducing medicines as well as starting new ones.

Regardless of which sector you work in, taking a patient centred approach to optimising medicines and improving patient care should be a priority.

What am I already doing to support medicines optimisation?

- You are already spreading the key messages of medicines optimisation within the organisations and areas you work within.
- You are making the move from medicines management to medicines optimisation i.e. moving the focus from just looking at cost effective prescribing to focusing on how patients are actually using those medicines.
- You are involved in the development of local formularies ensuring that patients have access to safe and effective medicines in line with national guidance.
- The services you commission and advice you give is centred round making the best use of medicines for the individual patient.
- You may already be providing clinical medication reviews in conjunction with patients or their carers in your locality and liaising with GP and nurse independent prescribers to ensure that medicines are optimised.
- You may be consulting with patients in clinics to optimise their medicines such as anticoagulation, asthma, hypertension and may also be prescribing medicines yourself.
- You may be involved in a local Area Prescribing Committee where decisions are made around how medicines are used across primary and secondary care.

What more could I do?

As a pharmacist working in primary care you have the opportunity to lead and facilitate across the different sectors of care to ensure that patients get better outcomes from their medicines.

- If you are commissioning services think about the elements of medicines optimisation that should be part of that service and ensure that they are included. Consider how you can commission for improved patient outcomes from medicines use.
- Encourage the uptake and spread of the repeat dispensing scheme within your area, ensuring that community pharmacists are asking the required questions and engaging with patients.
- Consider developing referral systems that enable referral between different sectors of the profession and also different healthcare professionals.
- Help to establish and facilitate communication channels between the different sectors of pharmacy. Explore how you can implement effective transfer of care between different care providers and the responsibility for 'getting the medicines right'.
- Support the development of relationships between the variety of providers within your area including adult health and social care and the voluntary sector.
- Think about development of cross sector services and / or facilitation of cross sector shadowing within your area.
- Ensure any services you commission include robust evaluation and feedback mechanisms and result in improved outcomes from patients. Wherever possible, involve patient representation in the commissioning process.
- Consider how you could you support the development of your colleagues in community pharmacy.
- Ensure any clinical services you are delivering are providing optimum outcomes for patients.

How can I work with my pharmacy colleagues to support the patient?

Pharmacists, as a profession, are unique in that they see the medicine across the whole of the medicine pathway – from development to supply to the patient. However, medicines optimisation means that the pathway doesn't stop at the point of supply and considers how patients use their medicines in practice, including short and long term outcomes.

Reflection

- Did any of the services I commissioned contain elements of medicines optimisation?
- Did I contribute to the evidence base for medicines optimisation?
- Am I aware of the latest NICE guidance and Quality Standards?
- Do I know who my pharmacy colleagues are in my local hospitals and in my local community?
- Have I engaged with carers and patient groups locally?
- Could I facilitate relationships between different providers / sectors of the profession?
- Did I include the patient or their carer in any clinical medication reviews that I performed?
- In my clinic today, did I apply the concordant consultation principles and really listen to the patient's point of view about their medicines?
- How do I share any learning or best practice findings? Am I involved with my local networks such as LPFs and LPNs?
- On reflection were there opportunities to apply the principles to my practice that I may have missed?

Why should I deliver medicines optimisation?

- It provides you with a chance to have a positive impact on a person's health and quality of life
- You will be positively involved in patient safety, medicines adherence and preventative care
- You will empower patients to better self manage their condition(s)
- It provides you with an opportunity to support effective medicines use and minimise medicines waste
- You will be playing an active role in your profession by providing the evidence base and data required to optimise the use of medicines.

How will my professional leadership body support me to deliver MO?

- We will work with the other professional bodies and Royal Colleges to support the understanding of medicines optimisation across all health and care professionals
- We will particularly work with employers and other pharmacy organisations to ensure the environment is right to enable delivery of medicines optimisations services
- We will liaise with national bodies such as NHS England and NHS Employers on how the contract could change to enable better delivery of medicines optimisation
- We will work with NHS Improving Quality to look at innovative ways of delivering medicines optimisation
- We will work with social care organisations to explore how medicines optimisation can be delivered in social care settings
- We will appraise and assess knowledge and skills of pharmacists via the RPS Faculty

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How will my professional leadership body support me to deliver MO? cont

We are all aware that the NHS spends significant amounts of money on medicines each year; in 2012 the NHS invested £13.8 billion pounds across the UK. We also know that 30-50% of patients don't take their medicines as intended; however it is not always appreciated that of these 45% take a decision not to take their medicines as prescribed. The reasons for non-adherence are multi and complex such as concerns about the medicines, perceptions that the medicine is unnecessary, financial worries, forgetfulness, religious or cultural beliefs, depression, inability to follow instructions etc. Non-adherence can lead to ill-health, poor quality of life, loss of productivity and a waste of NHS resources that is simply unacceptable.

Additional reading

1. [RPS medicines optimisation webpages](#) which contains the following resources:
 - a. Helping patients to make the most of medicines Good practice guidance for healthcare professionals in England
 - b. How to make the most of your medicines – guidance for patients
 - c. Examples of medicines optimisation services and activities
 - d. Medicines optimisation – the evidence in practice
 - e. Medicines optimisation – the evidence in practice presentation
 - f. Medicines optimisation briefings for the different sectors of pharmacy
2. [RPS guidance Keeping patients safe when they transfer between care providers – getting the medicines](#)
3. [RPS map of evidence which has examples of good practice across the country](#)